# A STUDY OF SERVANT LEADERSHIP IN HEALTHCARE SECTOR IN INDIA WITH SPECIAL REFERENCE TO UTTARAKHAND

**SYNOPSIS OF THE THESIS**

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# INTRODUCTION

"Be the servant if you will rule. That is the real secret… Kill the self first if you want to rule…Such a man becomes a world mover for whom this little self is dead and God stands in its place."

- Swami Vivekananda

## 1.1 Background of the study

Leadership is a zone of exploration which has been widely inspected in the course of recent years; be that as it may, servant leadership has been a rising leadership center since 2004. In 1977, Robert K. Greenleaf first coined the term 'servant leadership' as the approach of serving the needs of followers and emphasized on their good over the self- interest of leaders. He defined servant leadership as not just a management technique, but as a way of life which begins with "the natural feeling that one wants to serve, to serve first". He comprehensively characterized servant leadership and expressed how to best gauge the marvel: The distinction shows itself in the consideration taken by the servant—first to ensure that others' most elevated need needs are being served. The best test, and hard to regulate, is: Do those served develop as people? Do they, while being served, gotten more beneficial, more astute, more liberated, increasingly self-sufficient, more probable themselves to become servants? What's more, what is the impact on the least special in the public eye; will they advantage, or, at any rate, not be additionally denied?

It is most extreme to stretch that servant-leadership is anything but not a 'quick-fix' approach. Nor it is something that can quickly be imparted inside an organization. At its core, servant-leadership is a long haul, transformational approach to a real existence and work – generally, a method of being – that has the potential for making positive change all through our general public. There is a rising mindfulness and awareness about servant leadership in current times. One of the significant reason for it, is the worldwide economy which completely demands the quality requiring little to no effort. This has gotten important to deliver more for less, that too with more prominent speed. The best way to do this in a continued manner is through the Empowerment of People. The wellspring of engaging individuals is through high-trust societies and a strengthening reasoning that changes over managers into servants and mentors, and structure and frameworks into sustaining standardized servant forms. A



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low-trust culture that is described by high control the board, political posing, protectionism and criticism an inward rivalry basically can't rival the speed, quality and advancements of those associations which have confidence in enabling individuals. It might be conceivable to purchase somebody's hand and back, however not their heart, brain and soul. What's more, in the serious truth of the present worldwide commercial center, it will be just those associations whose individuals are not just readily volunteer their gigantic imaginative ability, duty, and unwaveringness, yet whose associations adjust their structures, frameworks, and the executives style to help the strengthening of their kin that will endure and flourish as market pioneers.

Regardless of other leadership styles, Servant Leadership has a more profound or more grounded authentic base. The idea of Servant Leadership can be followed through entries going back to the fourth century B.C., most outstandingly sections archived by Lao-Tzu, a Chinese Logician in 570 B.C. It is viewed as that he was profoundly powerful, his lessons of Servant hood were lined up with safeguarding society from moral rot (Servant Leadership, 2010). The most influential example of Servant hood is Jesus Christ, whose lessons to his followers in the New Testament Book of Mark; where he taught his trains that "whoever wishes to govern over others should initially be servants to themselves" (Mark New International Version).The book of John represents brilliantly a definitive Leader being a servant first. Following a tiring day of wandering dusty streets by foot and lecturing the Gospel, Jesus himself, expelled the shoes from his devotees at that point washed their feet before purging his own (John New International Version). Four decades back, the turbulent sixties enhanced the idea of servant leadership and brought this special leadership style to the cutting edge. The progressive writer Robert Greanleaf first conceptualized servant leadership. Greanleaf was perplexed by the Cultural Revolution and got curious to comprehend why the young people of America were so obstinate. His top to bottom exploration closed the core of the mutinous development got from America's Institutions powerlessness to enough serve others. In mid 1970, Robert Greanleaf composed an article focusing on servant leadership as the force for the uprising of the sixties. His organization advanced old speculations as another application to leadership; he took a shot at administration to other people and instituted the saying servant leadership. His works got recognized and started catching the eye of corporate administrators. Greanleaf (1991), an AT&T official,



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followed the Servant Leadership approach to guarantee his worker's most elevated need needs were being served. His inventive commitment systems gave incredible results. He at that point kept publishing a few additional articles estimating his research against the despots and pessimists. Effectively occupied with leadership research, Greanleaf (1991) examined the authority of progressive system structures controlling associations. His discoveries end up being the main thrust to compose two additional articles focusing on power inside force structures, official leadership and leading group of trustees (Greenleaf, 1991).

The current Health Care System is broken and unsustainable. Patients desire the highest Quality Care, and it needs to cost less. To regain public trust, the Health Care System must change and adapt to the current needs of Patients. Health Care providers are in the best position to determine effective ways of improving the value of care. To create change, Health Care providers must learn how to effectively lead patients, those within Health Care Organizations, and other stakeholders. Servant Leadership could be used as the best model for Health Care Organizations because it focuses on the strength of the team, developing trust and serving the needs of Patients. As Servant Leaders, Health Care providers may be best equipped to make changes in the organization and in the provider-patient relationship to improve the value of care for patients.

**1.2 Research Questions**

The literature analysis is considered with these overarching questions in mind:

(1) How is Servant Leadership understood and defined within the Leadership literature?

(2) What are the factors that affect Servant Leadership?

(3) What is the role of Servant Leadership in Healthcare Sector in Uttarakhand?

(4) What are the factors affecting Sustainability of Healthcare Sector in Uttarakhand?

(5) How Servant Leadership can be an impactful model for Sustainable Healthcare Sector in Uttarakhand?



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# LITERATURE REVIEW

## 2.1 Servant Leadership

Servant leadership is a significant leadership approach that engages followers in multiple dimensions (e.g., Relational, Ethical, Emotional, Spiritual), to such an extent that they are enabled to develop into what they are fit for turning out to be. It looks for above all else to develop Followers based on Leaders' philanthropic and moral directions (Greenleaf, 1977). At the point when Followers' well-being and development are prioritized, they thus are progressively engaged and compelling in their work. Servant Leaders consider themselves to be stewards of the Organizations (van Dierendonck, 2011), who look to develop the resources, financial and something else, that have been endowed to them. All things considered, they don't disregard performance expectations even though they focus on the personal development of their followers. Dissimilar to Performance- Oriented Leadership approaches that often "sacrifice people on the raised area of profit and growth" (Sendjaya, 2015), Servant Leaders focus on sustainable performance over the long run. In 2002, Sendjaya and Sarros stated that their exist only anecdotal evidence to bring understanding to the concept of Servant Leadership, she further added "One reason for the scarcity of research on servant leadership is that the very notion of 'Servant as Leader' is an oxymoron". Winston (2010) in his study mentioned that we still "lack a unified accepted theory of Servant Leadership". In 2010, Van Dierendonck emphasized, "despite being introduced four decades ago and empirical studies started conducting more than 10 years ago (Laub, 1999), there is still no consensus about a definition and theoretical framework of Servant Leadership".

When aspirations of Employees are not fulfilled according to their own expectations, they are likely to generate negative emotions such as feeling of envy with fellow colleagues, reduction in the spirit of cooperation or antagonism towards the co-workers (Eslami,& Arshadi, 2016). According to a study conducted in 2016 about 88 per cent of the employees feel stressed and among these stressed individuals 40 per cent of respondents feel stressed as a result of work overload (Kumar, 2016). The stress and burnout experienced by the individuals at workplace as a result of competitive work climate generate negative workplace consequences such as lack of motivation, low performance, absenteeism, organizational dysfunction and many more (Colligan, & Higgins, 2006; Latreille, & Sloane,. 2011;



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Bubonya, etal. 2017; Ajayi, S. 2018). It is because of these negative consequences of competitive workplace environment, the role of leadership becomes more dynamic as well as challenging. Leaders are thus required to be aware of such situations leading employees' stress experience in order to create pleasant work environment that is likely to enhance their overall productivity. The concept of Servant Leadership can be described as a leader's intention to serve his/her followers. A Servant Leader is first a servant to the followers and then a leader. He is Empathetic and Compassionate towards the Followers and has a genuine concern for the well-being of their Subordinates (Maula-Bakhsh, R., & Raziq, A. 2016; Coetzer, M. F., Bussin, M. H., & Geldenhuys, M. 2017). This Leadership Style was also followed by the Contemporary Leader of Indian history Swami Vivekananda. Swami Vivekananda believed that a leader is always born, a leader must be Dasasya Dasa- a Servant of Servants, and must accommodate thousands of minds. A Leader must be devoid of jealousy or selfishness (Chaudhuri, A. 2016). The importance of Servant Leadership was clearly visible in the teachings of Swami Vivekananda, through the letters he wrote to his disciples. Swami Vivekananda realized the importance of Servant Leadership concept around hundred years before Greenleaf actually gave this concept, when in1894 he once wrote to his disciple "Do not try to lead your brethren, but serve them. The brutal mania for leading has sunk many a great ship in the water of life"( A letter written to his disciple in 1894). The concept of Servant Leadership was deeply embedded in his mind and he repeatedly mentioned it in his letters. He always taught his disciples that like a servant, a leader should take care of his followers by utmost trust and empathy. Vivekananda was probably the first one to introduce the concept of Servant Leadership and also practiced it. He was an exemplary Servant Leader as he had natural inclination towards understanding others and empathizing them. His empathy was also manifested in his compassion and fairness. Swami Vivekananda had the capacity to empower his disciples and he chose "Empower and Facilitate" philosophy over command and control". Trust plays a significant role here, the Leader should have trust on his Followers to empower them. Empowerment simply means helping people to become more powerful, that's what Swami Vivekananda did to his followers by trusting them.

The current organizations having followed the cutting edge setting of Leadership regularly don't convey the feeling of innate having a place that our psyches require (van Vugt, Hogan, & Kaiser,



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2008; van Vugt & Ronay, 2014). Servant Leadership has filled this gap by building a sense of social identity in their Followers (Chen, Zhu, & Zhou, 2015), and creating teams those are people centric in Hunter-Gatherer societies as team members assist and build the capacity of others (Yoshida, Sendjaya, Hirst, & Cooper, 2014). It may have the option to convey a leadership approach that can manage difficulties of the cutting edge working environment while as yet conveying on our endurance needs. This could be one of the reasons why organizations which implement Servant Leadership practices (e.g., Starbucks, Southwest Airlines, Ritz-Carlton, ServiceMaster, TDIndustries, SAS, Zappos.com, Container Store, Intel, Marriott, Synovus Financial) continue to surge, propelling research into Servant Leadership.

Research on Servant Leadership can be characterized into three phases. The primary phase concentrated on the applied improvement of Servant Leadership, concentrating on crafted by Greenleaf (1977) and Spears (1996). The Second stage, could be alluded to as an estimation stage where the research concentrated on creating measures of Servant Leadership and testing relationships between Servant Leaders and outcomes by means of cross-sectional research. We are right now into a third stage of Servant Leadership research, which is the model development stage where progressively modern research designs are being used to go beyond basic relationships with results to comprehend the antecedents, interceding systems, and limit states of Servant Leadership. This third stage has seen a multiplication of studies on Servant Leadership, with more than 100 articles and two meta-investigations being published over the most recent four years alone. Along these lines, our audit tries to study the full Servant Leadership literature to create a clear image of where it has been and where it ought to go.

In an on-going meta analysis, Banks, Gooty, Ross, Williams, and Harrington (2018) addressed if the thriving of Leadership speculations was validated considering the absence of evidence that each theory was hypothetically and experimentally unique in relation to those that went before it. The absence of appropriate meaning of Servant Leadership, generally mistakes its idea for that of Transformational Leadership. In particular, in contrast with Transformational Leadership, van Dierendonck expressed that Servant Leadership tends to focus more on the psychological needs of followers as an objective in itself, though transformational leadership puts these requirements optional



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to the Organization's objectives (van Dierendonck, Stam, Boersma, De Windt, and Alkema, 2014). Both Servant Leadership and Transformational Leadership share a common goal that these two focus on Follower's needs, there is a qualitative difference in terms of why such focus is exemplified and where it stands relative to other competing priorities in the Organization. The motive for Transformational Leaders' to focus on Followers' needs is to enable them to achieve optimum Organizational goals (i.e., a means to an end), in comparison to it Servant Leaders' motive is to focus on the on the multidimensional development of Followers (i.e., an end in itself). All in all, if concepts are considered, Servant Leaders have a greater likelihood than Transformational Leaders to set the following priorities in their Leadership focus: Followers first, Organizations second, their own last (Sendjaya, 2015). Hoch et al. (2018) empirically expanded this work and demonstrated that Servant Leadership explained 12% greater incremental variance over Transformational Leadership on follower outcomes, which was larger than the incremental variance predicted by authentic (5.2%) and ethical (6.2%) leadership, albeit with a small, unfocused sample from which to work.

Parriss and Peachey (2013), in their survey expressed that in spite of expanding enthusiasm for Servant Leadership, it stays poorly characterized. Such ambiguity in characterizing the idea of Servant Leadership leaves authors grappling with how to operationalize the theory. Russell and Stone (2002) in their review recognized nine core functional attributes of the theory in addition to 11 supportive attributes. Barbuto and Wheeler (2006) coordinated the traits into five attributes. Van Dierendonck (2011) conceptualized the model with six key characteristics. In their audit, Parriss and Peachey (2013) discovered 14 distinct instruments that have been generated to examine Servant Leadership. A large portion of these instruments centre around the unit level of examination, while just a couple (e.g., the Liden et al., 2008, instrument) focus on the individual level of analysis. The Liden et al. analysis built up a seven-factor model of Servant Leadership: (1) Conceptual skill, (2) Empowering others, (3) Helping Subordinates grow and succeed, (4) Putting Subordinates first, (5) Behaving Ethically, (6) Emotional Healing, and (7) Creating value for the Community.



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## 2.2 Attributes of Servant Leaders

Servant Leadership is often nonconformist. In 1991, Graham recognized Humility, Relational Power, Autonomy, Moral Development of Followers, and Emulation of Leaders' service orientation as characteristics of Servant Leadership. At that point, De Pree In 1992, listed 12 characteristics of Leadership in which he included Integrity; Vulnerability; Discernment; Awareness of the Human Spirit; Courage in Relationships; Sense of Humor; Intellectual Energy and Curiosity; Respect of the Future, Regard for the Present, Understanding of the Past; Predictability; Breadth; Comfort with Ambiguity; and Presence. Despite the fact that De Pree didn't explicitly express that he was defining characteristics of Servant Leadership, he comprehended Leadership to be a place of Servant-hood. In 1995, Spears published a list of 10 basic characteristics of Servant Leadership dependent on Greenleaf's compositions with the disclaimer that they were "by no means exhaustive. Be that as it may, these characteristics impart the power and promise this idea offers to the individuals who are available to its greeting and challenge". Spears' 10 characteristics included Listening, Empathy, Healing, Persuasion, Awareness, Foresight, Conceptualizing, Commitment to Growth, Stewardship, and Community. Spears' list stays right up 'til the present time the most regarded and alluded to list of Servant Leadership characteristics. As per Barbuto and Wheeler (2006), Spears' work gave "the nearest portrayal of an explained system for what describes Servant Leadership".

After years of carefully considering and analysing Greenleaf's original writings, a set of ten characteristics of Servant-Leaders have been identified that are considered most prominent in developing Servant-Leaders.

1. Listening: Leaders have primarily being esteemed for their communication and decision-making abilities. In spite of the fact that these are likewise among the vital abilities to turn into a servant-leader. They have to have a profound duty to listening eagerly to other people. The Servant-Leader must look to distinguish the desire of a gathering and explains that will. He or she seeks to listen openly to what in particular is being said (and not said!). Listening likewise incorporates connecting with one's own internal voice and acknowledging what one's body, spirit and mind are imparting. Listening combined with standard times of reflection, are fundamental to the development of the Servant-Leader.



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2. Empathy: Empathy can be referred to as the most significant drive to serve to individuals' needs. To comprehend and identify with others is the thing that Servant-Leader makes progress towards. Individuals should be acknowledged and appreciated for their uncommon and exceptional spirits. One assumes the good intentions of co-worker and does not reject them as people, even when one is forced to refuse to accept their behaviour or performance. The best Servant-Leaders are the individuals who have become skilled empathetic listeners.

3. Healing: Healing can be expressed as a capacity to give others the harmony, they need because of endurance struggles. The healing of relationship is an amazing power for change and reconciliation. One of the incredible qualities of Servant-Leadership is simply the potential for healing one's self and one's relationship to other people. Numerous individuals have broken spirits and have experienced an assortment of emotional hurts. Despite the fact that this is a part of being human, Servant-Leaders perceive that they have a chance to "help make whole" those with whom they come in contact.

4. Awareness: General awareness, and particularly self-awareness, fortifies the Servant-Leader. It provides the idea of being updated of one's surroundings and inhibits the sense of knowledge. Awareness likewise helps one in understanding issues including ethics and values. It fits having the option to see most circumstances from an increasingly coordinated and holistic position. As Greenleaf observed: "Awareness isn't a giver of solace – it is the polar opposite. It is a disturber and an awakener. Capable leaders are normally sharply awake and reasonably disturbed. They are not seekers after solace. They have their own internal tranquillity".

5. Persuasion: Persuasion is a force that one uses to impact others. Another attribute of Servant-Leaders is the dependence on persuasion, rather than on one's positional authority, in making decisions within an organization. The Servant-Leader expects to persuade others, rather than forced compliance. This specific component offers one of the most clear distinctions between the traditional authoritarian model and that of servant-leadership. The servant-leader is effective at building harmony within groups. This emphasis on persuasion over intimidation presumably includes its foundations inside the beliefs of 'The Religious Society of Friends (Quakers)- the section with which Robert Greenleaf himself was most firmly unified.'



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6. Conceptualization: The phenomenon of conceptualization is an art that Servant-Leaders use to nurture their abilities to "dream extraordinary dreams." The capacity to take a gander at an issue (or an organization) from a conceptualizing point of view implies that one must think past everyday real factors. For many managers, this is a characteristic that requires discipline and practice. The traditional manager is devoured by the need to accomplish transient operational objectives. The manager who wishes to turn into a servant leader too should extend their intuition to include more extensive based conceptual reasoning. Servant-Leaders shall seek a delicate balance between conceptual thinking and a day-today focused approach.

7. Foresight: Foresight is an ability to look beyond present considering the past actions to secure the future. Nearly related to conceptualization, the capacity to predict the reasonable outcome of a circumstance is difficult to characterize, yet simple to distinguish. One knows it when one sees it. It is a characteristic that empowers the Servant-Leader to comprehend the lessons from the past, the real factors of the present, and the probable result of a decision for future. It requires an intuitive mind to be able to act understanding this. There hasn't been an incredible arrangement composed on foresight. It remains a largely unexplored area in leadership studies, but one most deserving of careful attention.

8. Stewardship: Stewardship is something that is aligned by the term Servant Leadership. Peter Block (author of Stewardship, and The Empowered Manager) has characterized it as "holding something in trust for another." Robert Greenleaf's perspective on all organizations was one in which CEOs, staffs, and trustees all hold essential roles in holding their foundations in trust for the advancement of the society. Stewardship, includes a commitment to serving the requirements of others. It additionally accentuates the utilization of openness and persuasion, rather than control.

9. Commitment to the Growth of People: A definitive objective of Servant Leaders is to develop their followers. They believe that people have an intrinsic value beyond their tangible contributions as workers. They remain profoundly dedicated to the growth of every single individual inside their organization. The Servant-Leader perceives the colossal obligation to do everything inside their capacity to sustain the personal, professional, and spiritual growth of employees.

10. Building Community: The Servant-Leader senses that much has been lost in late mankind's history as a result of the shift from local communities to large institutions as the primary shaper of



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human lives. This awareness causes the servant-leader to try to recognize a few methods for building community among the individuals who work inside a given institution. Greenleaf said "All that is required is to revamp community as a suitable life structure for huge quantities of people is for enough Servant-Leaders to shoe the way, not by mass developments, yet by every Servant-Leader showing his (or her) own boundless obligation for a very explicit community related gathering."

These ten characteristics of Servant-Leadership are by no means exhaustive. However, they serve to communicate the power and promise that this concept offers to those who are open to its invitation and challenge.

**2.3 Servant Leadership and Healthcare Sector**

In the current time Healthcare Industry is developing hugely. It has denoted its essence in the competitive universes of Business and Rivalry, Science and Innovation. It requires a Leadership Worldview that has likewise grown up. The Servant Leadership is no longer a new term in Leadership Theory. The most significant task of present time is to nurture and develop leaders who are people Centric, Relational, Flexible and Ethical (Avolio et al., 2009). The Servant Leadership originates from the positive Philosophy, but in the recent studies scholars are stressing on negative organizational terminology for generating background and defining relevance of Servant Leadership (Sendjaya et al., 2008; Donia et al., 2016). The scandals, malpractices and decreased confidence in Leadership are pointing toward the application of ethics and values in Leadership. Society is looking for leaders who would built a better future for coming generations.

Evangelist Billy Graham states, "Tears shed for self are tears of shortcoming, yet tears shed for others are an indication of Solidarity" (Myra and Shelley, 2005). Bennis and Nanus (1985) expressed, "The issue with numerous Organizations, and particularly the ones that are falling flat, is that they tend to be over managed and under led".

Leaders responsible for managing today's Healthcare Organizations are presented to the necessities of Clients, and the restrictions and demands of the Organizations that they should serve. These Leaders must practice powerful Servant Leadership to prevail in today's difficult atmosphere and to balance these contending demands. Greenleaf (1977), the revolutionary Philosopher of Servant Leadership, suggests that managing the institutions that care for others has progressed from overseeing through



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close to personal involvement to turning out to be something that is interceded by an organization and its partners. These organizations are often Huge, Perplexing, Amazing, Unoriginal, and even Incompetent at times.

The current atmosphere in numerous Healthcare Organizations doesn't promote the idea of Servant Leadership, as envisioned by Robert Greenleaf, when he initially presented the idea of Servant Leadership. He envisioned a model of Leadership established in the key human drive to think about others and add to the advancement of Society. Greenleaf (1977) contended that genuine Leadership is essential synonymous with service and extraordinary leaders are recognized by the service they provide to individuals and society.

Bodur (2002) found in his analysis of job satisfaction that a close correlation exists between Job Satisfaction and Quality of Health Care. The idea of Servant Leadership, putting other people first, and showing concern and empathy for others, fits as the favoured choice for Healthcare personnel into caring for their customers or patients. Servant Leadership not exclusively is intended to make a trusting, reasonable, synergistic, helping society bringing about more prominent individual and or organizational effectiveness, yet additionally underpins and advances the followers well-being, whether staff individuals or patients (Parris and Peachey, 2013). Practicing Servant Leadership incorporates three dimensions: Motives, Means, Ends or Outcomes. Servant Leadership further grasps the "Triple Bottom Line" (continuing People, Profit and the Planet) and practices moral balance to adjust the necessities of all affected (SanFacon and Spears, 2010). Servant Leadership influences are firmly connected to Employee Satisfaction and Organizational Profits as various studies have insinuated a direct causal relationship between Leadership and Customer Satisfaction, Employee Satisfaction, and Financial Performance (Khan, et al., 2012; Jones, 2012b; Obiwuru, Okwu, Akpa, and Nwankere, 2011).

### 2.4 Growth of Healthcare Sector

The Healthcare Sector is a conglomeration and mix of sectors within the Economic system that provides Goods and Services to treat patients with Curative, Preventive, Rehabilitative, and Palliative Care. It incorporates the generation and Commercialization of Goods and Services loaning themselves to maintaining and restoring well-being. The cutting edge Healthcare Sector incorporates three



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essential branches which are Services, Products, and Finance and might be isolated into numerous sectors and categories and relies upon the interdisciplinary teams of trained Professionals and Paraprofessionals to address medical problems of People and Populaces. In the 21st Century, Healthcare Systems over the world are concentrating on improving the Quality of Healthcare conveyed to their Populace. Healthcare Quality estimation is the acknowledged rules for evaluating the adequacy of Healthcare delivery on a Global scale (Kleinman & Dougherty, 2013).

The World Health Organization estimates there are 9.2 million Physicians, 19.4 million Nurses and Midwives, 1.9 million dentists and other Dentistry Personnel, 2.6 million Pharmacists and other Pharmaceutical personnel, and over 1.3 million Community Health Workers worldwide, making the Healthcare Sector one of the largest segments of the Workforce. The Medical Industry likewise bolstered by numerous professions that don't legitimately provide Healthcare itself, however are a part of the Management and Support of the Healthcare System. The incomes of Managers and Administrators, Underwriters and Medical malpractice attorneys, marketers, investors and shareholders of for-profit services, all are attributable to Healthcare costs.

In 2017, Healthcare costs paid to Hospitals, Physicians, Nursing homes, Diagnostic laboratories, Pharmacies, Medical device manufacturers and other components of the Healthcare system, consumed 17.9% of the Gross Domestic Product (GDP) of the United States, the largest of any country in the world. It is expected that the Health share of the Gross domestic product (GDP) will continue its upward trend, reaching 19.9% of GDP by 2025. In 2001, for the OECD countries the average was 8.4% with the United States (13.9%), Switzerland (10.9%), and Germany (10.7%) being the top three.

### 2.4.1 Healthcare System in India

Healthcare has become one of India's biggest Sector, both in terms of revenue and employment. Healthcare comprises Hospitals, Medical Devices, Clinical trials, Outsourcing, Tele-Medicine, Medical Tourism, Health Insurance and Medical Equipment. The Indian Healthcare Sector is developing at an energetic pace because of its strengthening inclusion, benefits and expanding consumption by Public as well as Private players.



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Indian healthcare delivery system is classified into two significant segments - Public and Private. The Government, i.e. Public Healthcare System, comprises limited secondary and tertiary Care Institutions in key cities and focuses on providing basic Healthcare facilities in the form of Primary Healthcare Centres (PHCs) in rural areas. The Private sector provides majority of secondary, tertiary, and quaternary care institutions with major concentration in metros and tier I and tier II Cities.

India's competitive advantage lies in its large pool of well-trained Medical Professionals. India is also cost competitive compared to its peers in Asia and Western countries. The cost of surgery in India is about one-tenth of that in the US or Western Europe. India ranks 145 among 195 countries in terms of quality and accessibility of healthcare.

Market Size

The Healthcare market can increase three-fold to Rs 8.6 trillion (US$ 133.44 billion) by 2022.

Indian medical tourism market is growing at 18% y-o-y and is expected to reach US$ 9 billion by 2020. There is a significant scope for enhancing Healthcare services considering that Healthcare spending as a percentage of Gross Domestic Product (GDP) is rising. The Government's expenditure on Healthcare Sector has grown to 1.6 per cent of the GDP in FY20BE from 1.3 per cent in FY16.

Health Insurance is gaining momentum in India. Gross direct premium income underwritten by Health Insurance grew 17.16 per cent y-o-y to Rs 51,637.84 crore (US$ 7.39 billion) in FY20.

Investment

Hospitals and Diagnostic centres attracted Foreign Direct Investment (FDI) worth US$ 6.72 billion between April 2000 and March 2020, according to the data released by Department for Promotion of Industry and Internal Trade (DPIIT). Some of the recent investments in the Indian healthcare industry are as follows:

- In May 2020, Jubilant Generics Ltd entered into a non-exclusive licencing agreement with US-based Gilead Sciences Inc to manufacture and sell the potential COVID-19 drug Remdesivir in 127 countries, including India.
- In May 2020, Carlyle Group acquired 74 per cent stake in animal health focused pharmaceutical company, SeQuent Scientific Ltd, for about Rs 1,580 crore (US$ 224.15 million).



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- In April 2020, first COVID-19 sample collection mobile lab of the country, namely 'Mobile BSL-3 VRDL Lab', was launched, which can process more than 1,000 samples in a day and enhance country's capabilities in fighting COVID-19.
- The value of merger and acquisition (M&A) deals across hospitals jumped by a record 155 percent to Rs 7,615 crore (US$ 1.09 billion) in FY19.
- In August 2019, Microsoft India and Apollo Hospitals Group entered in agreement to set up a National Clinical Coordination Committee for AI-powered Cardiovascular Disease Risk Score API.
- In January 2019, National Company Law Tribunal (NCLT) approved Tri-County Premier Hearing Services Inc's planned to acquire Bhilai Scan and Research Pvt Ltd (BSR) Diagnostics Ltd for Rs 67 crore (US$ 9.29 million).
- India and Cuba signed a memorandum of understanding (MoU) to increase cooperation in the areas of health and medicine, according to Ministry of Health and Family Welfare, Government of India.
- Fortis Healthcare approved the de-merger of its hospital business with Manipal Hospital Enterprises. TPG and Dr Ranjan Pal could invest Rs 3,900 crore (US$ 602.41 million) in Manipal Hospital Enterprise.

Government Initiatives

Some of the major initiatives taken by the Government of India to promote Indian Healthcare Sector are as follows:

- In Union Budget 2020-21, Rs 35,600 crore (US$ 5.09 billion) has been allocated for nutrition-related programmes.
- The Government has announced Rs 69,000 crore (US$ 9.87 billion) outlay for the health sector that is inclusive of Rs 6,400 crore (US$ 915.72 million) for PMJAY in Union Budget 2020-21.
- The Government of India aims to increase healthcare spending to three percent of the Gross Domestic Product (GDP) by 2022.



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- In February 2019, the Government of India established a new All India Institute of Medical Sciences (AIIMS) at Manethi, District Rewari, Haryana at a cost of Rs 1,299 crore (US$ 180.04 million).
- The Union Cabinet approved setting up of National Nutrition Mission (NNM) with a three-year budget of Rs 9,046 crore (US$ 1.29 billion) to monitor, supervise, fix targets and guide the nutrition related interventions across ministries.
- On September 23, 2018, Government of India launched Pradhan Mantri Jan Arogya Yojana (PMJAY), to provide health insurance worth Rs 500,000 (US$ 7,124.54) to over 100 million families every year.
- In August 2018, the Government of India approved Ayushman Bharat-National Health Protection Mission as a centrally sponsored scheme contributed by both center and state Government at a ratio of 60:40 for all States, 90:10 for hilly Northeastern States and 60:40 for Union Territories with legislature. The center will contribute 100 per cent for Union Territories without legislature.
- The Government of India launched Mission Indradhanush with an aim of improving coverage of immunisation in the country. It aimed to achieve atleast 90 per cent immunisation coverage by December 2018 and cover unvaccinated and partially vaccinated children in rural and urban areas of India.

Achievements

Following are the achievements of the Government:

- As of July 2019, around 125.7 million families enrolled as beneficiaries under Pradhan Mantri Jan Arogya Yojana (PMJAY). The scheme enrolled 16,085 hospitals, including 8,059 private hospitals and 7,980 public hospitals. It included 19 AYUSH packages in the treatment scheme.
- As of September 2019, about 50 lakh people received free treatment under the Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana.
- The number medical colleges in India increased to 529 in FY19 from 381 in FY13.



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- According to Sample Registration System Bulletin-2016, India has registered a 26.9 per cent reduction in Maternal Mortality Ratio (MMR) since 2013.

Road Ahead

India is a land full of opportunities for players in the Medical Sector. The Country has also become one of the leading destinations for high-end diagnostic services with tremendous capital investment for advanced diagnostic facilities, thus catering to a greater proportion of population. Besides, Indian Medical service consumers have become more conscious towards their Healthcare upkeep.

Indian Healthcare Sector is much diversified and is full of opportunities in every segment, which includes providers, payers, and medical technology. With the increase in the competition, businesses are looking to explore for the latest dynamics and trends which will have positive impact on their business. The Healthcare Sector in India is forecast to increase to Rs 8.6 trillion (US$ 132.84 billion) by FY22 from Rs 4 trillion (US$ 61.79 billion) in FY17 at a CAGR of 16-17 per cent.

The Government of India is planning to increase public health spending to 2.5 per cent of the country's GDP by 2025.

India's competitive advantage also lies in the increased success rate of Indian companies in getting Abbreviated New Drug Application (ANDA) approvals. India also offers vast opportunities in R&D as well as medical tourism. To sum up, there are vast opportunities for investment in Healthcare infrastructure in both Urban and Rural India.

### 2.4.2 Healthcare System in Uttarakhand

The Government of Uttarakhand is committed to improve the Health Status and Quality of Life of its People, by focusing on health issues with the objective of reducing disease burden, creating an enabling environment, influencing direct and indirect health determinants such as nutrition, water, sanitation and other factors like education and employment in the state. The Government intends to reach the replacement level of fertility, population stability with due attention to disadvantaged sections, inaccessible and remote areas.

To improve the accessibility and quality of Healthcare Services, specific efforts will be ensured to strengthen Health Infrastructure and promote Public Private Partnership. The Government will



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reinforce Public Health investments, reduce gender discrimination, protect human rights, create a culture of ethical practices, accountability and involve elected representatives from the Community.

Policy Objectives

To address the Health issues of Uttarakhand, Government has embarked upon the formulation of comprehensive, integrated, State-specific Health and Population policy. This policy reflects the needs aspirations and view of the People of Uttarakhand.

Proposed Strategy

In the 10th (2002-07) 5 year plan about 240 Subcentres, 19 PHCs, 26 CHCs, 7 Blood banks, 5 TB Clinics, 1 District Hospital at Rudraprayag and 3 Regional Diagnostic Centres have been established. In the 11th 5 year plan (2007-2012) the objective of Directorate of Medical Health & Family Welfare is "Health for All".

Under this

- To provide Medical Heath services in states remotest and disadvantaged blocks 3080 new sub-centres will be established 275 new PHCs 35 new CHC.
- Apart from the above in district Bageshwar and Champawat specialist hospitals will be established.
- To provide Neo natal care services to neonates NICU will be established in all Districts, in order to reduce neo natal mortality.
- To establish & strengthen emergency services in 10 district hospitals situated in national road routes. The objective is to provide good & effective emergency services in cases of road accidents and during natural disaster. Further, it is proposed to establish 5 new blood banks.
- To strengthen Paramedical Staff and to train Nurses, a Nursing Institute will be established in Dehradun to provide BSc nursing training to aspirants. This activity will be taken up in the 11th Five Year Plan. In 3 districts ANM training centres will be strengthened and will begin training of ANMs in the 11th Five year plan.
- Considering Natural Disaster and accidents in 30 Block Hospitals Postmortem Centres will be established.



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- In difficult and disadvantage areas where SC & ST population is existing will be provided with Health Services through 10 Mobile Hospital Vans under TCP program

National Rural Health Mission – The Vision

- The National Rural Health Mission (2005-12) seeks to provide effective Healthcare to rural population throughout the country with special focus on 18 states, which have weak Public Health indicators and/or weak infrastructure.
- These 18 States are Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Himachal Pradesh, Jharkhand, Jammu & Kashmir, Manipur, Mizoram, Meghalaya, Madhya Pradesh, Nagaland, Orissa, Rajasthan, Sikkim, Tripura, Uttaranchal and Uttar Pradesh.
- The Mission is an articulation of the commitment of the Government to raise public spending on Health from 0.9% of GDP to 2-3% of GDP.
- It aims to undertake architectural correction of the health system to enable it to effectively handle increased allocations as promised under the National Common Minimum Programme and promote policies that strengthen public health management and service delivery in the country.
- It has as its key components provision of a female health activist in each village; a village health plan prepared through a local team headed by the Health & Sanitation Committee of the Panchayat; strengthening of the rural hospital for effective curative care and made measurable and accountable to the community through Indian Public Health Standards (IPHS); and integration of vertical Health & Family Welfare Programmes and Funds for optimal utilization of funds and infrastructure and strengthening delivery of primary healthcare.
- It seeks to revitalize local health traditions and mainstream AYUSH into the public health system.
- It aims at effective integration of health concerns with determinants of health like sanitation & hygiene, nutrition, and safe drinking water through a District Plan for Health.
- It seeks decentralization of programmes for district management of health.



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- It seeks to address the inter-State and inter-district disparities, especially among the 18 high focus States, including unmet needs for public health infrastructure.
- It shall define time-bound goals and report publicly on their progress.
- It seeks to improve access of rural people, especially poor women and children, to equitable, affordable, accountable and effective primary healthcare.

## 2.5 Challenges for Healthcare Sector in India

### Current Status of Healthcare in India

Along with the economic growth in the last few decades, there has also been a surge of diseases affecting the health of the Indian population. Although the percentage of people living in poverty has reduced, there has been a rise in Communicable and Non-Communicable diseases or lifestyle diseases (which accounted for 60% of deaths in 2015 from 40% in 2003).

Along with other Industries, Healthcare in India has also grown manifold regarding both employment and revenue. According to research by Deloitte, Healthcare will be a $280 billion industry by 2020. Despite this growth, there are several challenges that the medical sector has to overcome to serve its huge patient population.

### Not Enough Funds Go to Healthcare

According to statistics from 2014, India spends only about 4% of its GDP on healthcare whereas the US allocates about 100 times more. Due to this, 60% of medical expenses of Indians were met through personal savings compared to only 13% in the US.

### Inequality in Urban and Rural Facilities

In India, unlike other countries, the Urban vs. Rural divide is huge. Because the spending power is more by people in Cities and Towns, all Healthcare services are diverted only to this sector leaving the rural areas lacking in medical facilities. Over 60% of hospitals, 70% of dispensaries and 80% of well trained and qualified Doctors operate only in the Urban Areas.

### Inadequate Infrastructure

The ratio of the Doctors, Hospital beds, Nurses to the number of Patients is alarming. There is one bed for every 2000 Patients, one Doctor for over 10000 people in a Government Hospital.



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There is one state-run Hospital for every 90000 people. These numbers are disappointing when compared to those of peer Countries.

India also has a lower number of specialist Doctors, especially in Rural Areas and Community Health centres as per statistics.

**No Optimal Insurance**

In India, healthcare is becoming more expensive and practically unaffordable to some strata of society. Hospitalization and treatment costs have skyrocketed. The only respite Patients can get is through insurance. India's per capita expenditure on insurance is the lowest in the world, about 30% when compared to over 80% in the west. Over 70% of Indians have to pay out of pocket for medical bills as they do not have insurance.

**Less Emphasis on Preventive Care**

Another major challenge facing Indian Healthcare is the paucity of preventive care mechanisms. The lifestyle choices and hectic schedule of people do not allow them to watch their Health. This unhealthy lifestyle and stress give way to diseases like Diabetes and Hypertension.

It's a given that the Doctor-Patient ratio in India is skewed. This makes it even more crucial to focus on preventive Healthcare. The Healthcare Industry shows more focus on reactive than proactive steps. Preventive Healthcare helps to make consumers aware of their Health and make smart and consistent choices on their lifestyle, diet and general health.

Preventive care helps tackle big problems at the early stage. Due to lack of preventive Healthcare facilities at Hospitals, people are adopting home monitoring systems to assess their health.

**Delay in Diagnosis of Illnesses**

There are many incidents of delayed diagnosis of major illnesses even with top Hospitals and Doctors. The reasons for this are either lack of infrastructure to run lab tests or lack of accountability of the Healthcare staff or the inability to convert the test results into proper treatment decisions. These lapses in the Healthcare System cause the patients a lot of wasted time, cost and mental trauma.

Patients have the right to step in and ask a doctor about their current Health status, diagnosis, and treatment plan.



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**No Support for Medical Research**

Only research leads to true success in the Healthcare of any Country. Medicine and vaccine for infectious and chronic diseases need to be made accessible to all. Unfortunately, Healthcare is at the mercy of big pharmaceutical companies who only deal with drugs that are profitable and essential drugs are neglected.

The main reason for the lack of research interest is the overburdening of the research staff and lack of resources. Most of the workforce in medical centres work long hours in continuous duty and have no time for the research component of their medical practice.

For those who do commence with research, they lose continuity or do not get funding and support. Unfortunately, they are left to rely on medical data from other countries for prognosis and diagnosis.

**2.6 Sustainability in Healthcare Sector**

Sustainability development fulfils current needs and acknowledges the needs of future generations. In addition, Sustainability is defined as 'adopting business strategies and activities that meet the needs of the enterprise and its stakeholders today while protecting, sustaining and enhancing the human and natural resources that will be needed in the future'. The Triple-Bottom Line (TBL) has become internationally known as an integration of three dimensions of Sustainability: Economic, Environmental, and Social (People).

The present study covers Sustainability in the Healthcare Industry, which varies in scope and objective. Even though Sustainability has been studied in different service sectors, there is a lack of research in the Healthcare Sector.

As service Organizations, including the Healthcare Sector, continue to grow, they face several challenges that may limit their potential. These challenges include the growing cost of Operations, stricter Environmental regulation and Legislation, and growing competition. Such challenges have forced service Organizations to minimize waste, improve efficacy and to be competitive and profitable while meeting the requirements of environmental standards and regulations. Sustainability has emerged as an important Organizational strategies and Organizations have developed new ways to integrate Sustainability into various functional areas. The concept of Sustainability has been



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successfully applied in manufacturing Organizations; however, the issue has only recently been examined in Service Organizations.

In the milieu of Healthcare Organizations, Sustainability is one of the most important aspects for the consideration of Healthcare Professionals.

There is a strong need for research to expand the concept of Sustainability and introduce a comprehensive framework to measure aspects of Sustainability beyond the Triple Bottom Line.

The literature lacks a comprehensive framework for measuring Sustainability in Healthcare Systems. Measuring Sustainability in the Healthcare Sector is a complex, multi-criteria issue involving different stakeholders and decision-making issues.

"In the future, only companies that make Sustainability a goal will achieve competitive advantage. That means rethinking Business Models as well as Products, Technologies and Processes."

**2.7 Conceptual Framework - Servant leadership and Sustainability in Healthcare Sector**

"In the future, only companies that make Sustainability a goal will achieve competitive advantage. That means rethinking business models as well as Products, Technologies and Processes." While Indian Healthcare has been witnessing a trend towards innovations, more such innovations are needed to solve the issues faced by our very large and diverse population. While a number of opportunities and improvement areas exist across the Healthcare spectrum – from financing to delivery, there is need for a cohesive strategy that fosters an environment for Sustainable innovations. All India Management Association (AIMA)'s seminar on "Innovative and Sustainable Healthcare Management: Strategies for Growth" is a step in this direction and could help AIMA facilitate on-going discussions among stakeholders on the way forward towards a more Sustainable and innovative management of Healthcare.

There are several Leadership models which Healthcare Leaders can utilize: Transactional, Adaptive, Transformational and Servant. Servant Leadership may be the best model for Health Care Organizations because it focuses on the strength of the Team, developing trust and serving the needs of Patients. The study sheds light on how the philosophy and practice of Servant Leadership can strengthen the foundation of success and enable Sustainability of current Health Care Services. Patient safety and staff dissatisfaction continues to be of major concern with consequent risk for the



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Sustainability of Health Care. This study supports the importance of Servant Leadership for Sustainable Health Care Services with focus on Patient Satisfaction, Lean Management, Employee Satisfaction, Corporate Social Responsibility and Continuous Improvement. These Leadership characteristics have the potential to reinforce trust, social cohesion, shared goals and social capital. This may provide and interesting and valuable strategy for leaders in the context of challenging environment of current Health Care Services.

**Conceptual Model to build the understanding of the topic-**

**Sustainability of Healthcare Sector in Uttarakhand**

Sustainability of Healthcare sector in Uttarakhand is studied is under three categories namely- People Sustainability, Economical Sustainability and Environmental Sustainability. Where People Sustainability relates with the Human role in sustainable practices in the Healthcare. The variables identified under this are Employee Satisfaction and Patient Satisfaction ( Tahereh Maghsoudi, & Rosalia Casco`n- Pereira, & Ana Beatriz Herna`ndez Lara, 2020). Economical Sustainability relates with the finance and revenue generation of Healthcare sector focusing over profitability of the Sector, the variables identified are Lean Management and Continuous Improvement (Prasanta Kumar Dey, & Chrisovalantis Malesios, & Debashree De, et al; 2019). Environmental Sustainability relates with the Eco-friendly practices those are being involved in Organizations in the current generation to prevent exploitation of Nature, the variable considered here is Corporate Social Responsibility (CSR) (Anna Zelazna, & Ewa Bojar, & Matylda Bojar, 2020).

A hybrid model is proposed to build the understanding of the factors and mediating factors of Servant Leadership creating an impact on the Sustainability of Healthcare Sector in Uttarakhand. The aim is to study all the objectives of the study and draw a conclusion using appropriate methodological tools.



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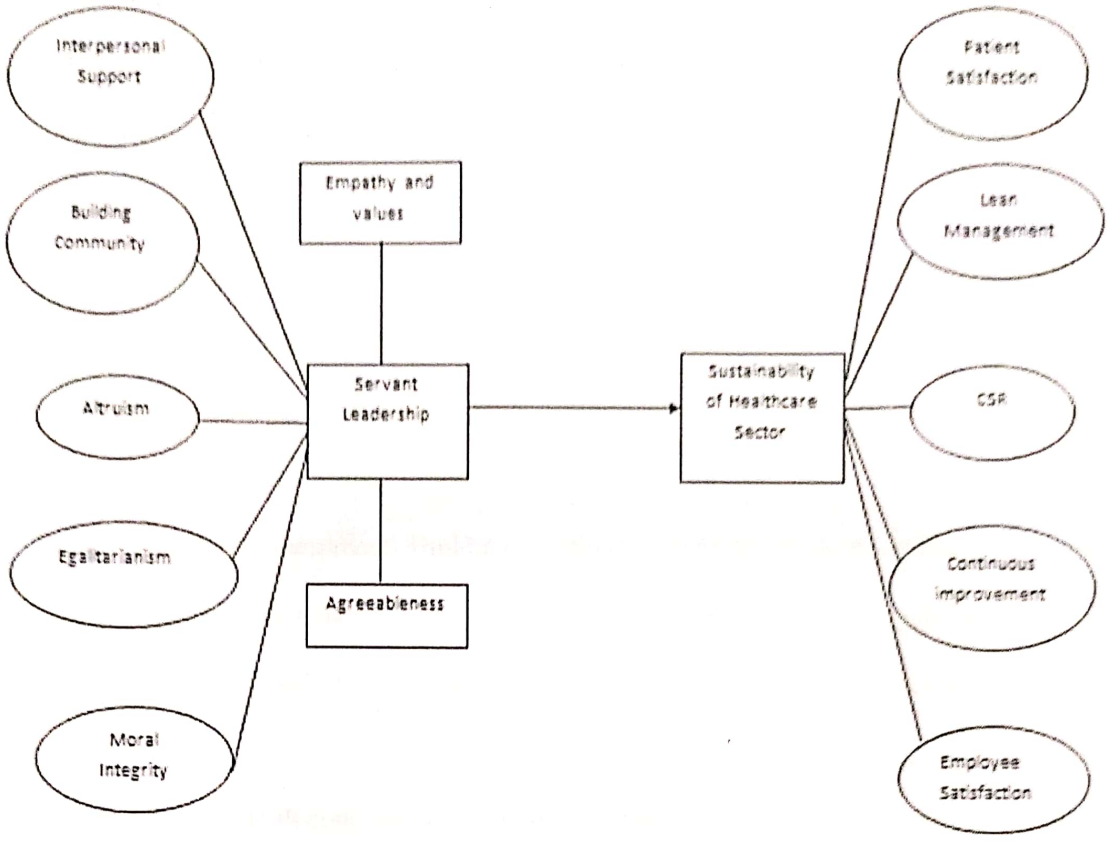


Conceptual Model to showcase the impact of Servant Leadership on Sustainability of Healthcare Sector in Uttarakhand

**Factors of Servant Leadership**

Lora L. Reed et al. (2011) in their research worked on analysing the factors of Servant Leadership and to determine the factor structure of the Servant Leadership construct, first an exploratory factor analysis (EFA) was conducted using Mplus 5.1. The best structure based on goodness-of-fit tests yielded four to five factors. Then an EFA within a confirmatory factor analysis (CFA) framework was performed (Asparouhov and Muthe´n, 2009). The factors identified were Interpersonal Support, Building Community, Altruism, Egalitarianism and Moral Integrity.

1. Interpersonal Support-

   Interpersonal Support offered by top executives can not only help Organizational members develop their full potential, but can also foster an Organizational culture conducive to growth and service. The importance of Interpersonal Support is captured in one of Greenleaf's central ideas about Servant Leadership – that those served should ''grow as persons… more likely to become servants themselves''. Items operationalizing Interpersonal Support



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included helping others succeed, nurturing employees' leadership potential, listening carefully to others, sharing decision-making with those most affected by decisions, treating employees with dignity and respect, and recognizing when Organizational morale is low.

2. Building Community-

The ability to Build Community, both within and outside the Organization, is a critical attribute of Servant Leadership, with emphasis on external communities a distinguishing feature of the construct. In our measure, top executive capacity to build internal community involves valuing individual differences, encouraging a spirit of cooperation, and inspiring Organizational commitment. Building Community outside the firm entails recognizing that Organizations have a moral duty not only to consider the impact of Organizational action on communities in which they operate but to constructively improve these communities as well.

3. Altruism-

Defined as unselfish concern for others manifested in constructive service (see Sendjaya and Sarros, 2002), Altruism is at the core of Greenleaf's notion of Servant Leadership and has been shown by other Leadership scholars to exert a positive impact on employee motivation and performance (Avolio et al., 2009). In our scale, top executive Altruism is operationalized by serving others willingly with no expectation of reward, sacrificing personal benefit to meet employee needs, placing the interests of others before self-interest, and preferring to serve others over being served.

4. Egalitarianism-

An important feature of Servant Leadership is Egalitarianism: rejecting the notion that Leaders are inherently superior to other Organizational members and understanding that learning and influence are multi-directional processes. Greenleaf considered an Egalitarian perspective both central to Servant Leadership and critical for preserving executive legitimacy within the firm. Here, we operationalize Egalitarianism as top executives who welcome constructive criticism, display interest in learning from employees, invite input from all levels of the organization and encourage debate of their ideas.



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5. Moral Integrity -

Moral Integrity, like Altruism, is fundamental to Servant Leadership. Greenleaf not only emphasized the importance of the ''Moral Man'' and the ''Moral Society,'' but also the ''Moral Organization'' as well. Our scale operationalizes executive Moral Integrity as behavior that inspires employee trust and promotes transparency and honesty throughout the Organization – refusing to use manipulation or deceit to achieve personal goals, freely admitting mistakes, and valuing integrity over profit or material gain.

**Mediating Factors**

These are the factors which encourage behaviour of Leaders into becoming Servant Leaders resulting in following the practices of Servant Leadership namely Empathy and Values and Agreeableness.

1. Empathy and Values-

Some scholars have identified Empathy as a critical behaviour characteristic of Servant Leaders (Liden et al., 2008). Our respondents manifest this characteristic in Empathetic handling of their Employees. They care for their suffering employees and try to calm and comfort them when they are distressed or anguished. Kouzes and Posner (2000) suggested that leaders who care and encouraged the heart of people working with them created a feeling of well-being in them.

2. Agreeableness-

The personality characteristic of Agreeableness therefore matters. Agreeable leaders are interested in their subordinates' work and well-being, while not imposing themselves on others. They are best able to balance task and emotional needs of direct reports, which gives them a good understanding of, as well as an interest in, the development needs of direct reports. For above reasons, the current study suggests that the personality trait of agreeableness is significantly positively associated with Servant Leadership behaviours.

**Factors affecting Sustainability of Healthcare Sector**

To measure the Sustainability in the Healthcare Sector following factors are considered. The factors are Patient Satisfaction, Employee Satisfaction, Lean Management, Continuous Improvement and Corporate Social Responsibility (CSR) (Matloub Hussain, Paul R Drake, 2017). Patient Satisfaction



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and Employee Satisfaction are listed under People Sustainability, Lean Management and Continuous Improvement are listed under Economical Sustainability and Corporate Social Responsibility (CSR) is listed under Environmental Sustainability.

1. Patient Satisfaction-

   The issue of Patient Satisfaction is important for both the Healthcare providers and the Patients, who are the customers in the Healthcare Industry (Ofili OU.,2014). Healthcare providers continuously exert effort to ensure that their Patients are satisfied. The competitiveness in the Healthcare Industry highlights the importance of determining the level of and maintaining customer satisfaction (Murti A, Deshpande A, Srivastava N, 2013). The satisfaction of Healthcare customers is critical for Healthcare providers in terms of the profitability and sustainability of the industry. To achieve patient satisfaction, Healthcare providers must identify the needs and concerns of patients, ways to fulfill patient needs, and how to solve problems (Ofili OU, 2014). Several factors affect patient satisfaction, including reliability, caring, responsiveness, empathy (Tucker JL, Adams SR, 2001), efficiency, continuity, service availability, confidence, physician conduct, and outcomes (Ware JE, Davies AR, Stewart AL, 1977). Other factors include competency, customization, core services, professional credibility, communications (Ramsaran- Fowdar RR, 2005), staff performance, and facility quality (Butler D, Oswald SL, Turner DE, 1996). Based on expert opinion, the four patient satisfaction variables used in the current study were physician's professionalism, appointment availability, facility quality, and core services.

2. Employee Satisfaction-

   Employee satisfaction is the level of satisfaction that employees have with their jobs or the degree to which employees like their jobs (Spector PE, 1997). The employees in the Healthcare Industry are its major assets, who fulfill the goals and objectives of the industry. The factors contributing to employee satisfaction are varied and numerous (Parvin MM, Kabir MN, 2011). One example of satisfaction is the factors classified according to (Herzberg F, 1964) well-known two-factor theory. Another job satisfaction element consists of relative terms, as proposed in equity theory (Adams JS, 1963). Important elements that affect

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Employee satisfaction used in this study include Reward (Stumpf SA, Tymon WG1, Jr, Favorito N, et al, 2013), Career Development (Robinson S, Radnor ZJ, Burgess N, et al., 2012), Salary Package (Chaudhry MS, Sabir HM, Rafi N, et al, 2011), Encouragement and Support (Hee Yoon M, Hyun Seo J, Seog Yoon T, 2004), and Empowerment (Demirel MK, Erbas A, 2010).

3. Lean Management -

Lean methodology was invented by the Toyota Production System (TPS) to overcome business inefficiencies (Hussain M, Khan M, Al- Aomar R, 2016). The lean concept of waste minimization for process improvement is now used in services such as Healthcare, which has adopted lean management as a process improvement program. Lean management is no longer limited to automotive or manufacturing. Lean management is implemented to achieve strategic components, support operational aspects, or provide evidence regarding whether improvements are sustainable in the long term (Teich ST, Faddoul FF, 2013).

4. Continuous Improvement –

Today, the long-term health and success of an organization depend on the commitment of the organization to continuous improvement (Deming WE, 1986). This type of vision must be deployed to remain competitive as expectations constantly change and evolve (Evans JR, 1999). Implementing solutions and generating and testing ideas is integral to continuous improvement (Juran JM, 1964). Research has shown mixed results concerning the effect of continuous improvement practices on performance (Curkovic S, Vickery S, Droge C, 2000) The sub-factors were selected based on the literature and expert opinion, including the implementation of solutions such as new technology, innovation (Curkovic S, Vickery S, Droge C, 2000), business continuity (Devlen A, 2009), and work flow improvement.

5. Corporate Social Responsibility (CSR)-

CSR is defined as 'a commitment to improve community wellbeing through discretionary business practices and contributions of corporate resources' (Kotler P, Lee N, 2006). In addition, the added values and improved competitive position resulting from the improvement of economic, social, and environmental factors via active and voluntary contributions of



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companies can be referred to as CSR (Leela V, 2014). According to the World Business Council for Sustainable Development, Corporate Social Responsibility is the continuing commitment by business to behave ethically and contribute to economic development while improving the quality of life of the workforce and their families as well as of the local community and society at large. Sustainability and CSR have become cross-cutting issues that are deeply integrated in operations and strategy in many companies. CSR is considered a proactive business strategy and effective marketing tool to create and sustain a competitive advantage (DrumWright ME, 1994).

## RESEARCH METHODOLOGY

Research Methodology specifies the way sample is selected, identification of sources of Data and method of collection of Data, construction of Research Instrument, testing and validating scales, methods of analysis of Data, various statistical and analytical techniques to be used and finally the presentation of research results.

**Objectives**

1. To identify the factors that affect Servant Leadership in Healthcare Sector in Uttarakhand.
2. To examine the relative importance of factors that affect Servant Leadership in Healthcare Sector in Uttarakhand.
3. To determine the factors that affect Sustainability of Healthcare Sector in Uttarakhand.
4. To analyse the impact of Servant Leadership on Sustainability of Healthcare Sector in Uttarakhand.

**Hypothesis**

**Hypothesis 1:**

H0: Servant Leadership has no impact on People Sustainability of Healthcare Sector in Uttarakhand.

H1: Servant Leadership has a significant impact on People Sustainability of Healthcare Sector in Uttarakhand.



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**Hypothesis 2:**

H0: Servant Leadership has no impact on Economical Sustainability of Healthcare Sector in Uttarakhand.

H1: Servant Leadership has a significant impact on Economical Sustainability of Healthcare Sector in Uttarakhand.

**Hypothesis 3:**

H0: Servant Leadership has no impact on Environmental Sustainability of Healthcare Sector in Uttarakhand.

H1: Servant Leadership has a significant impact on Environmental Sustainability of Healthcare Sector in Uttarakhand.

**Methodology**

**Sampling Techniques** – The research shall be carried using both Probabilistic and Non- Probabilistic sampling techniques as per the requirements.

**Study Design** – The Data will be collected from the Government and Private Hospitals present in each District of Uttarakhand. At least one Government or Private Hospital will be selected from each District. Separate questionnaires will be designed to solicit the opinions of Doctors, Medical staff members and Patients to ensure that unbiased feedback is obtained from each section. In addition interview schedules will be prepared to solicit the opinion of Secretaries and Ministers associated with Healthcare Sector.

**Sample Cities** – A region wise distribution of Cities of Uttarakhand will be made and will be considered for Data collection.

Region wise distribution of Cities of Uttarakhand

| **Region** | **Cities** |
|---|---|
| Northern | Uttarkashi, Rudraprayag, Chamoli and Tehri |
| Western | Dehradun, Haridwar, Rishikesh, Pauri, Mussorie and Kotdwar |
| Eastern | Bageshwar, Pithoragarh and Gairsain |
| Southern | Almora, Nainital, Haldwani, Champawat and Udhamsingh Nagar |



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**Sample Size** – The sample size for the study will be around 1000. The sampling items will be distributed on the basis of Region. The sampling items will include Doctors, Medical staff Members (Nurses, Ward-boys, Cleaning Staff, other related Members) and Patients.

Sampling items Region wise distribution

| Sampling items | Northern Region | Western Region | Eastern Region | Southern Region | Total |
|---|---|---|---|---|---|
| Doctors | 20 | 40 | 10 | 10 | 80 |
| Medical staff members | 50 | 100 | 20 | 30 | 200 |
| Patients | 200 | 300 | 100 | 100 | 700 |

**Data Analysis** – The Data collected shall be analysed in light of proposed Hypothesis using various small and large sampling techniques like T-test, Z- test, Chi-square, ANOVA, Correlation, Regression, Exploratory and Confirmatory Factor Analysis etc. as per requirement.



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## TENTATIVE CHAPTERIZATION

1. Introduction
2. Literature Review
3. Research Methodology
4. Analysis and Findings
5. Sustainability of Healthcare Sector in Uttarakhand
6. Conclusion and Suggestions
7. References



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